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Bib Data Sheet

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/452,289 03/05/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/20/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>P. C. C.</i> Examiner's Signature <i>J.S.B.</i> Initials				

**ADDRESS**

38199

**TITLE**

Antineoplastic combinations

FILING FEE RECEIVED 1876	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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